

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042895

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5789

STATE FILE NUMBER

FILED NOV 29 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in 1b

72 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

5837 E. 14th St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY
OR
TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

5837 E. 14th St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Charles

Victor

Sable

4. DATE
OF
DEATH

Month

Day

Year

November 14, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/16/1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Express Handler

10b. KIND OF BUSINESS OR INDUSTRY

Railway Express Co.

11. BIRTHPLACE (City and state or country)

Pittsburg, Kansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William F. Sable

13b. MOTHER'S MAIDEN NAME

Virginia E. Fry

14. NAME OF HUSBAND OR WIFE

Mary Sable

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Mary Sable

Address

5837 E. 14th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Carbon monoxide poisoning

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

Attached to exhaust

20c. TIME OF INJURY

Hour a.m. p.m. 11-13:16

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)

Rest

20f. CITY, TOWN, OR LOCATION

Kansas City Jackson mo

COUNTY

STATE

21. I attended the deceased from

to

and last saw him alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

Nov. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

Moorehead Cemetery

23d. LOCATION (City, town, or county)

Lamar,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Earp & Sons

Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

11-16-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Hugh H. Owens

DATE AMENDED

VS 300

Rev. 4/59

1

23218

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9 973.1

10

11

12 90-3

13

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Eary

Licensed Embalmer No. 4728

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.